CITY OF MANCHESTER

912 CITY RD, MANCHESTER, MI 48158
PHONE: (734) 428-7877
FAX: (734) 428-1877
WWW.CITY-MANCHESTER.ORG

Chicken Permit Application

Applicant Name: _____

Applicant Address: _____

Phone: _____ Email: _____

Number of Chickens/Quails: _____

Below: Provide a drawing and brief description of proposed chicken housing and proposed location in the yard.

(Please indicate distance from property lines)

Is the applicant the owner of the property where the chicken are to be kept?

[ ] Yes **[ ] No***

***If No: the applicant must provide the written consent of the owner of the property to keep chickens at the above address.**

I certify that all statements on this application are true and correct under the penalty of perjury. I understand that any false information may result in the revoking of the permit.

Applicant Signature: _____ **Date:** _____

City of Manchester Use

[ ] Approved **[ ] Denied** _____ **(reason)**

[ ] $40 Application Fee **Received by:** _____